



<b><i>Office Use Only</i></b>	
Date Rec'd:	_____
Staff Initials:	_____
Room Number:	_____

## ***Summer Programs Parent Permission Form***

Please complete information requested, by signing this form you are signifying that you have read and completed the permission form and accept jurisdiction and responsibility for your child's safety while off campus.

Email to hsr1@uncsa.edu, or mail to: UNCSEA High School Life 1533 South Main Street, Winston-Salem, NC 27127.

Student Name \_\_\_\_\_  
Last First Middle Name DOB

Mailing Address \_\_\_\_\_  
Street City State ZIP

Student's Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

### **Guardian Information**

Parent / Legal Guardian Name: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

*Phone numbers where parents may be reached for additional and/or verification of permission:*

Daytime: \_\_\_\_\_ / \_\_\_\_\_ Nights/Weekends: \_\_\_\_\_ / \_\_\_\_\_

### **Medical Information**

List of medications, prescriptions, or over the counter that student currently takes (i.e., birth control, allergies, acne medications)

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

Policy Holder \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ Policy Number \_\_\_\_\_

List any allergies or special health considerations

Parent/Guardian place of employment \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ Address (including zip code) \_\_\_\_\_

### **All Students have Permission for Official School Outings**

This includes daily bus trips as well as trips planned by summer events staff (which would include mall trips, movie trips, and shopping trips). If you have questions or concerns about this please contact the Office of Residence Life.

### **Permission for Off-Campus Visitation**

Students will not be allowed to visit off- campus residences unless permission is received from the parents for **each visit**. Visitation at off-campus student apartments is not permitted.

### **Permission to Ride in Cars** (Please check **ONE** of the following):

\_\_\_ Option 1: My child must receive parent/guardian permission via REACH each time before riding in a vehicle with anyone on the student's REACH pass unless it is with school sanctioned transportation.

\_\_\_ Option 2: My child has permission to ride in a car with drivers designated per REACH hosts and others as long as I approve the pass and receive a phone call to verify hosts not already identified

\_\_\_ Option 3: My child has permission to ride with only the following driver without calling home.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Additional Information**

Evacuation Plan: (Please select from one of the following four options):

\_\_\_ Option #1: Within 3.5 hours of notifications, parent will pick up student on campus.

\_\_\_ Option #2: Within 3.5 hours of notification, parent certifies a designated guardian to pick up student on campus directly from the residence hall.

\_\_\_ Option #3: Within 3.5 hours of notification, a parent or certified guardian will pick up their child from one of the local airports.

\_\_\_ Option #4: Student will be transported to a local airport, and parent will make flight arrangements home.

**International Students:** Please provide a U.S.-based emergency contact and a U.S. cell phone number. It is highly recommended that summer international students have a U.S.-based cell phone number.

U.S. Based Emergency Contact Name: \_\_\_\_\_

U.S. Cell Phone Number of Emergency Contact: \_\_\_\_\_

Student U.S. Based Cell Phone Number: \_\_\_\_\_

**Optional:** Please disclose any special needs (mental, physical, emotional, or family-related) that would like for the staff to be aware of.

Note: this does not guarantee special accomodations, but may be helpful during times of emergency.

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